...AL DEBILITY AND

RESULTING FROM STRICTURE AND INFLAMMATIO... OF THE CURVED PORTION OF THE URETHRA, WITH SPECIAL REFERENCE TO MASTURBATION AS AN EXCITING CAUSE OF STRICTURE.

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From the intimate connection which exists between the urethra, the prostate, the seminal vesicles, the ejaculatory and the deferential ducts, and the testes, it is not surprising that lesions of that passage should exert a powerful effect upon the functions of generation, whether that effect be due to the extension of morbid action through continuity of structure, or to reflex action. Hence it is that many persons affected with urethral disorders suffer from more or less marked disturbance in their sexual powers, amounting, in some instances, to impotence, or inability to copulate, either from incapability of intromission, or premature ejaculation, both states being associated with imperfect or transient erections.

Reduced sexual power, from whatever cause it may arise, is one of the most distressing of maladies, and is, therefore, entitled to the deepest sympathy and consideration on the part of the honest practitioner, by whom, unfortunately, it is rarely discussed. It is for these reasons that I shall call your attention to inability to consummate the venereal act in a satisfactory manner; and, in doing so, I shall limit my remarks to that form of the disorder with which I have most frequently met in an extensive practice in the diseases of the genital organs, and which is dependent upon stricture, inflammation, and hyperæsthesia of the posterior portion of the urethra.

In the majority of the cases that have come under my observation—and my remarks are based exclusively upon personal experience—I have found, first, that the trouble was due to subacute or chronic inflammation, and morbid sensibility of the membranous and prostatic portions of the urethra, but particularly the latter locality, and was always associated with deep-seated stricture, which was generally of large calibre; and, secondly, that these lesions were traceable, in the larger proportio... instances, to masturbation. Thus, in fifte... the nineteen cases here recorded, the s... difficulty arose from the effects of uret... produced by onanism, while in only four ... it dependent upon the localization of gonorrhœal inflammation.

These data are not only of the utmost practical value, but they are interesting, as they show that masturbation affects the sexual powers by inducing a state of constant congestion and undue excitability of the urethra, which terminates in inflammation and the formation of a coarctation in its curved or fixed portion. All authors upon self-pollution recognize the fact that the mucous membrane of the prostatic urethra is in an irritable or morbidly sensitive condition, but they overlook the coexistence of a stricture, and ascribe to this habit but little influence in its causation. This most important factor in the origin and maintenance of impotence, has not, in my judgment, been sufficiently appreciated; an oversight for which I can only account by the defective means of exploring the urethra which have been, and are still, usually employed. Instead of resorting to the soft exploratory bulbous bougie, which is the only instrument with which dilatable strictures above the medium size can be accurately determined, the majority of general practitioners still adhere to the use of the ordinary flexible bougie, or metallic catheter, which, in many instances, fail to detect a coarctation, which is the sole cause of many functional disturbances of the genito-urinary tract.

Convinced, then, as I am, that, in at least a certain proportion of cases, more or less marked impairment of the generative functions may be ascribed to stricture of the urethra at the subpubic curvature and its vicinity, along with inflammation and hyperæsthesia of its prostatic

tion, which pathologic states are, for the ost part, traceable to masturbation, and at, if recognized by properly conducted exloration, virility and peace of mind may e restored, I consider that no apology is ecessary for calling your attention to an affecn the pathology of which is imperfectly unstood, and which too often falls in the hands of dvert. charlatan, under the impression, e part of the sufferer, that he is laboring r spermatorrhœa. While it is true that, in instances, seminal incontinence is a inent symptom, it is equally and not unnonly true, that noctural seminal emissions ot occur beyond the healthy limit, and that ere be a discharge from the urethra at times than during intercourse, it is due to ct comitant chronic catarrhal inflammation of the mucous follicles of the prostate. In point of fact, prostatorrhœa and sexual debility are often combined.

The cases of sexual debility that have come under my notice may, in accordance with their symptoms, be arranged in four classes :—

First. Those in which the erections are imperfect or feeble, and ejaculation too precipitate, but in which sexual desire remains, and intercourse is possible, although incomplete. The following example is a good illustration of this condition :—

Case 1.—A grocer, aged 22, consulted me on the 12th of October, 1876, on account of impaired erections and premature ejaculation. He began to masturbate at the age of fourteen, and continued the practice for three years. Its abandonment was followed by nocturnal seminal emissions, of an intermittent character, that is to say, they recurred almost every night for a fortnight, when there was an intermission of a week's duration. He had been under treatment for two years before coming to me, the effect of which was to improve his general health and materially lessen the frequency of the nocturnal discharges. Up to one year ago he had never had sexual intercourse. At that time he found that erection was incomplete, the gland of the penis, in particular, being soft and inelastic, and that ejaculation took place in a few seconds. The same troubles had existed ever since. During the past two months nocturnal emissions had occurred from one to five times a week, and he noticed that flakes of mucus, which he supposed to be semen, were discharged in advance of the stream of urine. He was easily fatigued, his hand was unsteady in writing, he was habitually constipated, and suffered from dull, heavy pains in the groins and back.

Examination with the bulbous explorer disclosed slight tenderness of the urethra, half an inch from the meatus, and decided tenderness at four inches and a half, which increased as the prostatic urethra was reached. On withdrawing the instrument, a stricture of a calibre of 10* was detected at $5\frac{1}{4}''$ from the meatus. The bulb brought out a whitish fluid, which showed, under the microscope, a large amount of pus and epithelium. The urine was acid and loaded with lithates, and the genital organs were normal.

I prescribed a laxative pill, to be taken as often as it might be required, cold hip baths, and cold enemata night and morning, and thirty grains of bromide of potassium every eight hours. The diet was restricted to perfectly bland and digestible articles ; sexual intercourse and stimulating drinks were interdicted ; and an injection of one drachm of Goulard's extract to ten ounces of water was directed to be thrown into the urethra three times a day.

On the 14th I passed a No. 10 steel bougie, and continued its introduction every second day until the 26th, when it was employed once every twenty-four hours, by the patient himself. At first it was immediately withdrawn, but as the sensibility of the urethra became obtunded, it was permitted to remain longer, but at no time more than five minutes. Its size was gradually increased, until toward the close of the treatment it reached No. 27. During the first week there were three nocturnal emissions ; but from that time until I discharged the patient, on the 3d of December, when his sexual powers were entirely regained, there was only one. I saw this man again early in January, 1877, on account of a chancre, when he informed me that he had experienced no trouble whatever in sexual congress.

In this phase of the affection, because it is likewise marked by increased reflex excitability of the spinal cord, may be included examples of that condition known as spasmodic spermatorrhœa, or spermaspasmos, in which emission occurs simultaneously with erection, or

*This and the succeeding measurements are in accordance with the French catheter scale. The calibre, therefore, represents the corresponding number of millimetres in circumference, a millimetre being equal to one-twenty-fifth of an inch.

after its partial subsidence. An illustration of this state is afforded by

Case 2.—A clerk, aged 30, brought me, on the 12th of March, 1877, a specimen of his urine for examination. He never had gonorrhœa, but masturbated from his sixteenth to his twenty-first year. For the past three years he had been impressed with the idea that his previous habit had weakened him, and it was constantly on his mind. His genital organs were well developed; there was a constant sticky feeling at the meatus, and whenever he passed an evening with the lady upon whom he had fixed his affections, he had an erection, with simultaneous ejaculation. His hands and feet were habitually cold, and he had no knowledge of nocturnal emissions for five years. The bulbous explorer detected a stricture of a calibre of 17, 6½″ from the meatus, and an exquisitely sensitive prostatic urethra. The microscope disclosed an abundance of spermatozoa and oxalates, with a little pus and epithelium. The man was obliged to return to his home in the West, but will return for treatment next June.

In the *second* class of cases may be included those in which desire is not abolished, but the power of erection is lost, and coitus impossible. This group also comprehends impotence from such feeble erections that intromission is out of the question. Of the former condition, the following is a good example:—

Case 3.—A tavern-keeper, aged 32, of robust frame, stated that he was engaged to be married in six weeks; that he could not command an erection, although he had sexual desires; that the presence of the object of his affections, and the most lascivious books and pictures, which formerly brought on an erection, had lost that effect; and that the thought of his disability on his wedding-night was constantly preying upon his mind. This condition of affairs had existed for five months, during which time he had nocturnal seminal emissions about twice a week. He was, moreover, much alarmed at the presence of some shreds of purulent mucus in his urine, which he thought was seminal fluid. He has had three attacks of gonorrhœa, the last of which occurred seven years ago, since which period he has always had a slight gleety discharge, and for the past few months a dribbling of a few drops of urine in his clothes, after the act of micturition was apparently completed. He suffered from habitual constipation, but in other respects he was in health.

The bulbous explorer defined two strictures of a calibre of 23, located, respectively, at 6′ and 6½″ from the external meatus, as well as a marked hyperæsthesia of the prostatic urethra. The external genitals were perfectly normal.

As the man was very anxious to return to his home in the West, on the 11th of September, 1876, I divided both coarctations with my urethrotome, from behind forwards, after previous enlargement of the meatus, and afterwards passed a No. 32 steel bougie, which corresponded to the normal circumference of the urethra. At the expiration of forty-eight hours, there having been no untoward symptoms in the interval, he was allowed to depart, with instructions to use the bougie every night until all tenderness had disappeared. He was, moreover, ordered a laxative pill pro re nata, the antimonial and saline mixture, along with full doses of bromide of potassium, and cold hip baths and enemata. The diet was restricted, and abstinence from everything calculated to excite the genital organs was enjoined.

On the 5th of October he wrote me that there had been no improvement, and that he had had nocturnal emissions as often as three or four times a week. He had attempted sexual intercourse, but the erection was too imperfect for intromission, in consequence of which he was very despondent, and had postponed his marriage, which was to have taken place on the 25th. He had intermitted the use of the bougie for several days, on account of an "itching sensation" in the urethra, and had not paid proper attention to the bowels. I wrote him not to be discouraged, but to carry out my instructions faithfully, and that all would end well.

On the 28th he said: "I write to let you know that I am improving. I have not had a nocturnal emission for ten days, and have had several erections, but not quite up to the standard. I am still taking the bromide and the pills. I shall be married on the 6th of next month." In my answer I told him to discontinue the bromide, but to keep up the remainder of the treatment.

Under the date of November 11th, he says: "I have greatly improved under your treatment, so much so, that I have connection with my wife every night." I cautioned him against committing such marital excess, lest sexual

cause a relapse. Since the last I heard nothing more of him.

The *third* class of cases not only is there either desire nor ability to copulate, but hypochondriasis is superadded; and this mental imbalance is often beyond remedy, after the lesions upon which the sexual trouble depended have been removed. In the milder forms of the affection, indeed, the physician is most frequently consulted on account of the fear on the part of the patient lest he may not be able to consummate the venereal act; but the mind is rarely so seriously affected that he is not open to conviction on this point. The following is a typical illustration of this sad condition:—

Case 4.—A Spanish gentleman, aged 24, had masturbated for six years, and for the past two years, during which period he had discontinued the practice, had nocturnal seminal emissions, on an average, twice a week. When I saw him, on the 16th of May, 1875, he stated that he had lost all desire, and had been unable to command an erection for three months. He was very watchful of a gleety discharge, and brought with him, for my inspection, a specimen of urine which contained little threads of mucus, which he imagined to be semen. His general health was broken; his expression was woebegone; he was gloomy, shy, and reserved, and unable to fix his attention upon his studies, and easily fatigued. He was constantly thinking of his previous bad habit and the nocturnal emissions, and was convinced that he was utterly impotent. In a word, he was a victim of sexual hypochondriasis.

The external genital organs, and the prostate and seminal vesicles, as far as rectal touch enabled me to form an opinion, were perfectly normal; but the urinary meatus was constantly moist, and its lips red and pouting. At $5\frac{3}{4}''$ from the meatus I detected a stricture of a calibre of 17, and also found that the urethra behind it was extremely sensitive. Placing a little of the fluid which was withdrawn by the explorer under the microscope, I demonstrated to my patient that it was free from spermatozoa, and I still further endeavored to gain his confidence by assuring him that his disability was temporary, since, from its dependence upon appreciable lesions, it would disappear under treatment.

The only internal remedies employed were bromide of potassium, and thirty drops of the tincture of the chloride of iron, along with ten drops of tincture of nux vomica, and two grains of quinine every eight hours. A cold water enema, and hip bath were ordered night and morning. Ten days subsequently, I passed a No. 17 steel bougie, and continued its use until June 7th, the size of the instrument being gradually increased up to No. 23. Under this course of treatment he improved so much that the emissions decreased in frequency; the prostatic discharge lessened in quantity; the hyperæsthesia notably diminished, and he began to have feeble erections. Despite, however, of my demonstration of the true nature of the discharge, he was still so impressed with the idea that it was seminal fluid, that I complied with his urgent request to cauterize the prostatic urethra.

At the expiration of ten days the passage of the bougie was resumed. On the 11th of July, the urethra having almost entirely recovered its normal sensibility, I divided the stricture from behind forwards, and passed a No. 30 bougie. All other medication, save the tonic mixture, was dropped, and in a few days he went to the seashore, with instructions to continue the use of the instrument until the wound had healed. The result of this operation was most flattering. In three weeks he had good erections, and his mental anxiety was calmed; but, desiring to test his powers, he made the *experimentum in corpore vili*, and had an almost instantaneous emission, with cessation of the erection. This unfortunate act, which he undertook entirely upon his own responsibility, undid all the good I had effected. He became a confirmed hypochondriac, and when I last heard of him he had tried galvanism without benefit.

Finally, there is a *fourth* class of cases, in which relative impotence apparently arises from diminished reflex excitability of the spinal cord. This condition, which is characterized by retarded emission, is, I fancy, very rare. At all events, the following is the only example of it with which I have met.

Case 5.—A shoemaker, aged twenty, had masturbated, on an average, once every night from his fifteenth year up to three weeks ago, when he became alarmed at reading a book on self-abuse which had fallen into his hands, since which time he has abandoned the habit. For the past eighteen months he has noticed, in masturbating, that it required at least five minutes to produce an emission, and six months

ago, on having sexual intercourse, ejaculation did not occur for quite half an hour. On this account he had avoided women ever since.

On inspection, the penis was found to be of small size, and he stated that it was actually smaller than it was in former years The prepuce was elongated; there was an accumulation of smegma between it and the gland of the penis; and the lips of the meatus were red and pouting. The bulbous explorer defined a slight stricture, calibre 19, at 5½″, as well as great tenderness throughout the curved urethra. He is taking bromide of potassium, and mild laxatives, using the bougie, and cool hip baths and enemata.

As the remaining cases present some interesting and instructive points, I will, as concisely as possible, allude to their most prominent features, without wearying you with their full details.

Case 6.—A bar-tender, aged 29, of intemperate habits, and a masturbator, was affected with prostatorrhœa, impairment of the general health, and great mental anxiety, on account of feeble erections, which frequently prevented intercourse. The penis was small, and the testes were relaxed. In addition to extreme prostatic hyperæsthesia, a stricture, calibre 18, was detected at $5\frac{3}{16}$.″ From February 25th to June 5th, 1875, the treatment, which was frequently interrupted by dissipation, consisted in the methodical passage of bougies, the exhibition of purgatives, bromides and tonics, and cold hip-baths and enemata. Having finally gained his consent, on the latter date, I divided the obstruction up to 30, and continued the use of the tonics.

On October 20th he married, and performed his marital duties in the most satisfactory manner.

Case 7.—A miller, aged 25, had an attack of gonorrhœa three years ago, which lasted for six months. He has ever since been troubled with a gleety discharge, and, latterly, with a scattering stream, and dribbling of the last few drops. The erections are so feeble that coitus is impossible.

On the 20th of October, 1875, I detected a stricture, calibre 17, at 5¾″, and a highly sensitive prostatic urethra. In addition to general measures, the use of bougies, of gradually increasing sizes, was methodically persisted in for three months. Perceiving that he did not completely regain his original vigor, he at last permitted me to divide the strictu full calibre of the urethra. At the e of six weeks his condition was all that cou desired.

Case 8.—A merchant, aged 32, consulted on the 10th of December, 1875, on accoun feeble erections and prostatorrhœa, which the effects of onanism. He was engaged to married, but was much troubled, lest he co not consummate the tie, and his mind dwe incessantly on the discharge, which produced a feeling of wetness in the urethra near the meatus, and which he ascribed to spermatorrhœa. The exploratory bougie disclosed a stricture, calibre 17, at 5½,″ along with very considerable prostatic tenderness. Having succeeded in gaining the patient's confidence by showing him that the discharge was free from spermatozoa, and assuring him that he could be relieved, I placed him upon the bromide, laxatives, cold enemata and hip-baths, and passed a bougie every second day. At the expiration of sixteen days, the prostatic hyperæsthesia having greatly diminished, I divided the coarctation up to 30. In the course of four weeks he was entirely well, and he has since married.

Case 9.—A student of law, aged 21, in consequence of masturbation, had suffered from nocturnal seminal emissions for three years, and, of late, from irritability of the bladder, feeble erections, and premature ejaculations. The lips of the meatus were red and pouting, and I detected a stricture, calibre 13, at 5½,″ along with great sensitiveness of the urethra from that point as far as the neck of the bladder. As he was in robust health, he was purged, placed upon the saline and antimonial mixture, paregoric and bromides, and ordered cool hip-baths and enemata night and morning. The vesical irritability having subsided, the passage of steel bougies was begun on the 16th of December, and continued until the 4th of February, 1876, when the hyperæsthesia had nearly disappeared, and the stricture readily admitted a No. 25 bougie. It was then divided up to the full calibre of the urethra, and by the end of the month the patient had regained full control over his sexual powers.

Case 10.—A druggist, aged 24, was brought to me on the 18th of February, 1876, on account of symptoms of vesical irritability, under which he had labored for six years. He never had sexual intercourse, but had masturbated from

his twentieth year, and desire ...ons were utterly abolished. The ... urethra and neck of the bladder were ...ssively sensitive, and a stricture, of a calibre 7, was detected at $6\frac{2}{10}''$ from the meatus. epididymes, but particularly the right, enlarged and indurated.

...is was the most striking example of loss of v... ity from urethral lesions that I have ever m...t with; but as the man had come north to lay in a supply of drugs, and could not remain for treatment, I did nothing for him.

Case 11.—A lawyer, aged fifty-seven, and an old fornicator, contracted a gonorrhœa in 1866, which degenerated into a gleet. For some months, although his desire is unabated, he has been unable to command perfect erections, and ejaculation is precipitate. Exploration showed strictures, of a calibre of 18, at $\frac{3}{4}''$, $6\frac{1}{4}''$, and $6\frac{3}{4}''$ from the meatus, and a sensitive prostatic urethra. These were divided on the 23d of February, 1876; and at the expiration of two months, under general treatment and the methodical use of bougies, he was discharged cured.

Case 12.—A sea-captain, married, and aged thirty-three, came to me on the 1st of May, 1876, in consequence of feeble erections and premature emissions, which I found to depend upon a stricture, calibre 15, at $5\frac{7}{10}''$, along with prostatic hyperæsthesia, the results of masturbation. He was habitually constipated, but his general condition was, in other respects, excellent. As he was engaged in discharging his cargo and getting ready to sail for a foreign port, the treatment was confined to the use of bougies, in gradually increasing sizes, the meatus, as a preliminary measure, having been enlarged to the normal calibre of the urethra. He sailed on the 26th, with instructions to continue the passage of the instruments, to maintain his bowels in a soluble condition, to take hip baths, and refrain as much as possible from sexual intercourse. On his return, early in September, his condition had so far improved that he could command a pretty fair erection, but ejaculation was still too precipitate. Although he had used a bougie of full size, the bulbous explorer defined the stricture just as clearly as before, but the sensibility of the urethra was greatly reduced. As he was again about to sail, he was unable to submit to internal urethrotomy, but promised to do so at some future date.

Case 13.—A clerk, aged thirty-two, stated that, in consequence of masturbation, he had been suffering from seminal incontinence for six years, but that the emissions, of late, did not exceed two a week. He could not have connection, on account of imperfect erections, and his mind was deeply involved in his trouble. In addition to morbid sensibility of the prostatic urethra, there were three strictures: the first, calibre 21, at $\frac{1}{2}''$; the second, calibre 19, at $2\frac{7}{8}''$; and the third, calibre 19, at $6''$ from the meatus. I saw the man on the 18th of July, 1876, but he never returned, and probably belonged to the class of persons who run from one physician to another, without affording any a chance to give him relief.

Case 14.—A printer, aged 22, and a masturbator, consulted me on the 28th of July, 1876, on account of feeble erections and prostatorrhœa, along with a stricture, calibre 19, at $5''$, and prostatic hyperæsthesia. After the first passage of the steel bougie, he deserted me, and I have since lost sight of him.

Case 15.—A merchant, aged 22, stated, on the 28th of July, 1876, that he was suffering from imperfect erections, premature ejaculations, and occasional seminal losses, which resulted from masturbation, and which I found to depend upon a stricture, calibre 19, at $6''$, and an irritable prostatic urethra. He was habitually constipated, but otherwise in good condition. As he was on a visit to the International Exhibition, and merely wished a letter of instructions to his regular attendant, he was not placed upon treatment.

Case 16.—A commercial agent, aged 39, came to me on the 13th of September, 1876, with a history precisely similar to that of the foregoing case. In addition to the morbid sensibility of the prostatic urethra, there was a stricture, calibre 19, at $6''$ from the meatus. He was put upon a laxative pill of colocynth, blue mass, and extract of belladonna, with full doses of bromide of potassium; directed to take cold hip baths and enemata, and taught the use of the bougie. On his return, on the 22d of November, after previous enlargement of the meatus, I divided the stricture up to 30, leaving him to conduct the after treatment himself. On the 3d of January, 1877, he wrote me that he had entirely recovered his sexual powers.

Case 17.—A clerk, aged 20, who had never had sexual intercourse, but had masturbated since his fifteenth year, consulted me on the

14th of September, 1876, on account of irritability of the bladder, spermorrhaghia, and feeble erections. The prostatic urethra was highly sensitive, and there was a stricture, calibre 16, at 5½″. He was under my observation only one week.

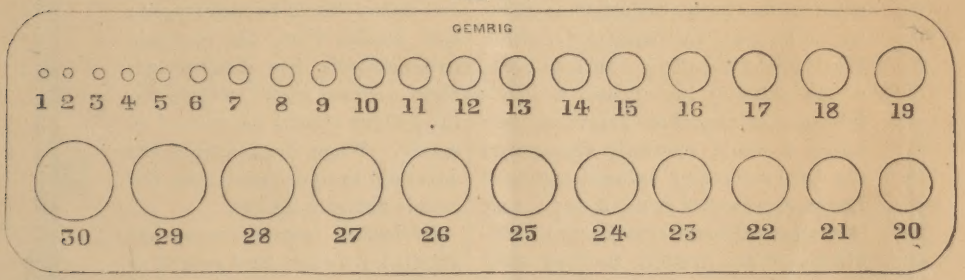
Case 18.—An engineer, aged 27, in consequence of onanism, was troubled with feeble erections, nocturnal emissions, and severe neuralgia of the left testicle and spermatic cord. His health was somewhat broken, and, in addition to prostatic hyperæsthesia, there was a stricture, calibre 21, at 7″. On the 4th of September, 1876, he was put upon quinia, arsenious acid, strychnia, and morphia; a large bougie was methodically passed, and other measures instituted to obtund the sensibility of the urethra. He improved under this treatment, and, on January 21st, 1877, I divided the stricture up to 30. At the expiration of five weeks he was entirely well.

Case 19.—A medical student, aged 25, came to me on the 7th of March, 1877, on account of prostatic discharge, tenderness of the urethra at 2½″ from the meatus, and increased tenderness from six inches, at which point there was a stricture, calibre 19, to the neck of the bladder. He had gonorrhœa three years ago, but for the past eighteen months had noticed that ejaculation was premature, sometimes, indeed, before he had fairly entered, although there was no difficulty in the power of erection. He had some difficulty in starting the stream of urine, which was flattened and smaller than natural, and there was a scalding sensation when he retained his water for any length of time. He had nocturnal seminal emissions about once a week, and his passions were easily aroused. The bowels were regular, and his general health was excellent.

In all of the cases that I have now presented to you, morbid sensibility of the curved portion of the urethra, as denoted by the contact of an instrument, by pressure with the rectum, and, now and then, by the pa[ssage of] the urine or the seminal fluid, was a promi[nent] feature. In addition to hyperæsthesia, how[ever] one or more strictures were present. Hen[ce I] am warranted in concluding that, in the [ma]jority of instances in which sexual debility [and] impotence depend upon localized genital lesi[ons], these lesions will be found to be stricture of [the] curved portion of the urethra, and irritability of the canal posterior to it.

A further examination of the cases shows that in only four was gonorrhœal inflammation the cause of the morbid changes, while in fifteen, or four-fifths of the entire number, they were induced by masturbation. I am, therefore, forced to adopt the view that urethral stricture, as well as hyperæsthesia, is an essential lesion of masturbation; and that cases of sexual debility must prove rebellious to treatment unless the former pathological condition be fully appreciated.

Fig. 1.



It is, moreover, interesting to note that the strictures, whether they were the effect of onanism or of gonorrhœa, were usually single, deep-seated, and of large calibre. In one example of specific urethritis, in addition to two deep strictures, there was a third one at ¾″; while in one case, from masturbation, there were likewise three coarctations, seated, respectively, at ½″, 2⅞″, and 6″. The following figures denote the distances of the strictures from the meatus, and their calibre*:—

Of the 4 gonorrhœal cases, 6″ and 6½″, c. 23; 5¾″, c. 17; ¾″, 6¼″, and 6¾″, c. 18; and 6″, c. 19. Of the 15 cases from masturbation, 5¼″ c. 16; 6½″, c. 17; 5¾″, c. 17; 5½″, c. 19; 5$\frac{3}{10}$″, c. 18; 5½″, c. 17; 5½″, c. 13; 6$\frac{2}{10}$″, c. 17; 5$\frac{7}{10}$″, c. 15; ½″, c 21; 2⅞″, and 6″, c. 19; 5″, c. 19; 6″, c. 19; 6″, c. 19; 5½″. c. 16; and 7″, c. 21.

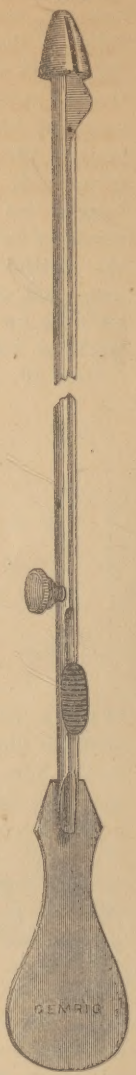
* By calibre is meant that the coarctation was defined by an explorer of the number indicated. This point will be best appreciated by a reference to the French catheter scale, represented in fig. 1.

...g measurements are of practical ...ce, since they indicate that, in search...or the essential cause of the trouble, the ...n is generally to be found at the subpubic ...ature and its vicinity, which include the ...tion of the membranous and spongy por... ...s of the urethra, and one inch of the canal ...i... ...cont of, and three-quarters of an inch poste...ri... ...to, the triangular ligament. They also show that the coarctations are above the medium size, and that many must escape detection if the ordinary method of exploring the urethra be resorted to. If, for example, the instrument used in these cases had been a silver catheter or a flexible gum-elastic bougie, which corresponded to No. 9 of the English scale, and is equivalent to No. 16 of the French scale, it would have failed to define the stricture in at least four-fifths of the cases. It is for this reason that masturbation has not generally been recognized as a cause of stricture, and for the same reason that stricture has been overlooked as an essential lesion of spermatorrhœa, sexual debility, and impotence. Instead, then, of the ordinary instrument, which is too much employed for diagnostic purposes, I would earnestly recommend the soft exploratory bulbous bougie of Leroy, represented in fig. 2, as the only instrument through which morbid conditions of the urethra, be they strictures, granular patches, or thickenings of the mucous membrane, can be accurately determined. One being selected which fills, without unpleasantly stretching, the meatus, if there be a stricture, it will be stopped, when smaller sizes are successively used, until one will pass without much difficulty. On its withdrawal, the abrupt shoulder of the bulb, coming in contact with the posterior face of the obstruction, imparts to the touch a sensation as if it had jumped over a band, which is as perceptible to the patient as it is to the surgeon. It is hardly necessary to state that the withdrawal of the ordinary catheter or bougie is not attended with a similar sensation.

FIG. 2.

Of the treatment of sexual debility and impotence from stricture and morbid sensibility of the curved portion of the urethra, little need be said, as it has been foreshadowed in the preceding pages. Each case must be met on its individual merits. When the subject is robust and plethoric, mild antiphlogistics are indicated; while in anæmic patients, tonics, of which I have found a combination of quinine, tincture of the chloride of iron, and tincture of nux vomica to be one of the best, will be required. Bromide of potassium, in full doses, can never be dispensed with, since it fulfills the triple object of correcting the acidity of the urine, overcoming the sensibility of the urethra, and blunting the venereal appetite. When the local lesions have been relieved, its use should be discontinued, and remedies given to strengthen the sexual functions. The bowels should be kept in a soluble state; the diet should be simple and unstimulating, condiments, alcoholic and fermented drinks being avoided; heating exercises and clothing should be discarded; chastity in thought and action should be encouraged; and, finally, when the prostatic hyperæsthesia has disappeared, and the sexual vigor is returning, the patient should be advised to marry. When the infirmity has advanced to hypochondriasis, the case is almost hopeless.

FIG. 3.



Of topical measures none has afforded me such good results as the introduction of the conical steel bougie, at first every forty-eight hours, and afterwards every day. After the first few insertions it should be immediately withdrawn, but as the sensibility of the urethra diminishes, it should be retained for four or five minutes, and its size be gradually increased. As adjuvants, the local application of mild solutions of nitrate of silver, acetate of lead, or tannin, are useful, as are also cold hip baths, enemata, and douches to the perineum. If the disease proves obstinate, as it is liable to do, when the prostatic or ejaculatory ducts are involved in the morbid action, the application of the solid nitrate of silver may be demanded. Under similar circumstances, flying blisters to the perineum are of service.

The foregoing measures will usually suffice to overcome the morbid sensibility of the prostatic urethra, and dilate the stricture. Dilatation of the stricture alone, however, often fails to restore virility, because the stricture tends to maintain the inflammatory condition of the urethra behind it. In some instances temporary relief follows, but to effect a permanent cure an operation will be required. For reasons which would be out of place in this paper, I will only state that I give the preference to retrograde internal incision, performed with an instrument which I devised two years ago, and which I have successfully employed in a number of cases. It is fashioned like the bulbous explorer, and defines a stricture with great accu
been carried behind the stricture, th
projected from the bulb, as indicated in
by sliding the button at the proximal extr
of the shaft, and the coarctation, as well
an inch of the mucous membrane behin
anterior to it, divided on its withdrawal.
bulb is again carried through the severed parts,
with a view of detecting any uncut bands, and
a steel bougie, corresponding to the normal
size of the urethra, as previously determined
by the urethrometer, at once passed, and afterwards used every forty-eight hours, until the
wound has cicatrized.